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3 Dec 59

November 30, 1959

The Honorable Allen W. Dulles,
Director of Central Intelligence,
Washington-25,
D.C.

Dear Mr. Dulles:

As President of the Society of Medical Consultants to the Armed Forces, I wish to thank you for your extremely interesting talk to us last Sunday evening. Having attended all of these meetings since the Society was founded in 1946, I can truthfully say that your presence as well as your remarks meant more to us than those of any previous speaker.

I am taking the liberty of attaching a reprint of mine relative to the subject which you and I were discussing the other night, in which I quote your illustrious and revered brother. I am also attaching a copy of a letter written to the Baltimore Sun-papers relative to the conquest of polio which we also discussed at that time.

With warm personal regards,

Sincerely,

Ridge Trimble

I. Ridgeway Trimble, M.D.

IRT/mlh

ER 11-9544/a

I. Ridgeway Trimble, M.D.
The Johns Hopkins Hospital
Baltimore 5, Maryland

Dear Dr. Trimble:

Thank you for your very kind letter of November 30th regarding my talk to the Society of Medical Consultants. I appreciate your sending me a copy of your letter to Mr. Philip Potter concerning the United States exhibit at the Fair in India, and was pleased to receive a copy of your address on the opportunities and responsibilities of the physician in world affairs. I found this most interesting.

It was a pleasure to meet with you and discuss matters of mutual interest.

Sincerely,

Allen W. Dulles
Director

IG/LBK/drm (18 December 1959)

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Allen W. Dulles
With the help of
Ridgeway Trimble

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OPPORTUNITIES AND RESPONSIBILITIES OF THE PHYSICIAN IN WORLD AFFAIRS

CHAIRMAN'S ADDRESS

I. Ridgeway Trimble, M.D., Baltimore

One of the prerogatives of the chairman of any organization seems to be that in his farewell address it is permissible for him to stray from the narrow confines of a strictly scientific path to the broader avenue of philosophy. My subject concerns the opportunities and responsibilities given to the physician and the surgeon to aid in the prevention of the war that seems to be daily drawing closer and to make obsolete the recourse to war as the attempted settlement of political and ideological differences. This is a big order, a difficult assignment, but at the beginning I should like the purport of these remarks to be clear.

I do not want to be in the category of the politician who had been addressing a large crowd of people at some political gathering in North Carolina for a considerable time. A man attracted to the scene asked one of the listeners on the fringe of the crowd, an interested farmer, "Is he making a good speech?" The farmer replied, "He's making a powerful speech." "What's he talking about?" asked the visitor. "He ain't said," replied the farmer.

For a few moments, therefore, I would like to develop the following related thoughts: that only international understanding will prevent war; that physicians have a common language and enjoy the confidence of the people more than any other profession; that physicians know the true meaning of war better than anyone else; that politicians and statesmen and soldiers have thus far failed to prevent wars; and that physicians have a great opportunity and obligation that they must seize and fulfill without further delay.

Read before the Section on Surgery, General and Abdominal at the 102nd Annual Meeting of the American Medical Association, New York, June 3, 1953.

Furthermore, I feel impelled to bring these thoughts to your attention for your critical evaluation and to stimulate your interest in this whole subject, because they represent an effort to ease the fearful burden that we are passing on to our children. From our fathers we inherited a world that was bright and full of promise. To our children we leave a world over which hovers the ever darkening cloud of a warfare so dreadful as to surpass the imagination, so dreadful that we seek to ignore it by forcing all thought of it into the background of our consciousness. We cannot sit by complacently; we must think of and plan constantly for ways and means to protect in the future those lives for which we are responsible.

THE FUTILITY OF WAR

"Important as preparedness for war may be, evidence is increasing that military success alone is no guarantee of peace. On the contrary, history would suggest that civilizations ultimately face extinction if war is their sole method for achieving international accord. Perhaps more important for our own security than perpetual mobilization is the assurance that the opposite shores of the Pacific, as well as the Atlantic, are in friendly hands. One of the most important instruments, properly used, in the cultivation of such friendly understanding is the role of medical education."¹

To every thinking man the futility and absurdity of war is so manifest that it is difficult to realize that this is not universally appreciated. Leonardo da Vinci disposed of war in two words, "Pazzia bestialissima" (the most bestial madness).

We have the very recent lesson of the inability of war to settle world problems when we reflect that, after victory in World War I, we fought our former allies in that war, the Italians and the Japanese, in World War II; and when we reflect that, after victory in World War II, we are fighting in the Korean War against China and Russia, two of our great allies in World War II.

The farmers in North Dakota, in North Borneo, and in North Korea have the same basic desires: to have

1. Smyth, F. S.: Our International Responsibility in Medical Education, J. M. Educ. 26: 360, 1951.

enough to eat, to have enough to wear, to have shelter over their heads, and to live in peace. The little Chinese peasant family, in that country that has always been until very recently our traditional friend, does not want to see its only son or any other member of his family go off to war any more than does the little American family. But none of these little families, whose sons do the fighting or who may themselves be blown to bits in this total warfare, seem to have any voice in the decision to provoke or to commence a war in the present state of organization of civilization.

The late eminent biologist and philosopher, Dr. Edwin G. Conklin,² maintained that intolerance, bigotry, and prejudices were man-made and urged their elimination through the application of the true scientific spirit. The resemblances of all men, he believed, whether the Australian bushman or the philosophers of the most civilized countries, are greater than their differences. "Heredity is not responsible for social behavior, racial antagonisms are not born, but these antagonisms are carefully cultivated and developed."

"We may be reasonably sure, from the history of evolution, that the societies which survive will be the ones that can change to meet new conditions; and that those which crystallize their philosophies and their societies in any fixed, dogmatic form are eventually doomed. The dinosaurs were large and powerful; but the dinosaurs are dead."³

Mind you, I believe in arming strongly against threatened aggression and in fighting when you are attacked and your family, your home, and your country must be defended. In World War I, at the age of 17, I volunteered for the Army in 1918 and attained the proud rank of corporal in the infantry. In World II, I served as an Army medical officer four years overseas in Australia, New Guinea, the Philippines and Japan, the last one and one-half years on the staff of General MacArthur. I am still a member of the active Army reserve. As an aside, I

2. Conklin, E. G.: Freedom and Responsibility: Biological View of Some Problems of Democracy, Boston, Houghton Mifflin Company, 1935.

3. Winslow, C. E. A.: Economic Values of Preventive Medicine, Chronicle of World Health Organization 6: 191, 1952.

might add that I agree with my former commander that once war is joined there is no substitute for victory.

But all this talk of war and chivalry does not preclude my thesis that by intelligent, coordinated, ceaseless effort, war as the settlement of political affairs can be made obsolete. As Nicholas Murray Butler said, "To reject eternal peace as an absurdity and as something foreign to the creed or to the temperament of any people is to proclaim oneself a barbarian and an enemy to all mankind. . . . Physical force, terrorism, despotism cannot accomplish the high ends at which civilization aims. Intelligence, sound moral standards and the spirit of service can do so, always have done so, and will continue to do so."

PEACE THROUGH INTERNATIONAL UNDERSTANDING

Shyness and unfamiliarity lead to misunderstanding, suspicion, and fear, which are largely responsible for the enmity that exists among individuals, communities, and nations today. If a driver blows his automobile horn at a motorist, he turns and scowls and looks upon the incident more or less as a personal insult. However, if he recognizes the driver as a familiar face when he turns, his irritation and suspicion vanish and he waves gaily. So often the rather fierce, forbidding look on the face of a stranger is put there by shyness and as a protective reaction. A quiet word, a casual comment, and the forbidding stranger becomes a genial companion.

Lasting peace can be possible only when people understand each other; understanding can come only when people can be given the opportunity to meet each other frequently, to listen, to talk, to discuss. The American people are great joiners and have a great affinity for traveling all over the country to meetings and conferences. Sometimes foreigners speak derogatively of this American characteristic, but it is a healthy custom. In Nashville, Tenn., I recently attended a meeting of the Society of Clinical Surgery, where members came from all over the country. In the same hotel was a national meeting of the African Violet Growers Association. They seemed to be having just as profitable a time and seemed to be spreading just as much understanding among themselves as we in our society.

Mr. Malenkov and almost all the high ranking members of the Soviet high command have never left Russia. No wonder they become introspective, ruminative, suspicious, and fearful. Think how much good it would do Mr. Malenkov to travel around a bit and attend meetings such as we do, especially such a one as the African Violet Growers Association.

Surgeons seem to travel more frequently and further to conferences than anyone else. I venture to say that had physicians and surgeons in 1861 been given the opportunity to travel and to meet and discuss their problems and to know and understand each other as we do today, they alone could have prevented the incredible catastrophe of our Civil War, rightly called by Adams the American Tragedy.

Science and learning are truly international and therefore should lead in creating international amity, so that scientific societies must take the lead in establishing cooperation and friendship among all nations. As an example of understanding resulting from free exchange of medical concepts, from frequent visiting in our medical circles, made easier of course by a common ancestry and a common language, is the close relationship between physicians and surgeons in the United States, Canada, Great Britain, Australia and New Zealand, and South Africa. I believe that our profession has played no small part in cementing the ties that exist between these countries, so close that even the wild statements released by the irresponsible pseudostatesmen of both countries cause little more than a trickle of annoyance and amusement over the calm surface of fundamental understanding that exists between us. We know and understand each other so well that we shall never fight a war on opposite sides.

UNIQUE POSITION OF THE PHYSICIAN

The trust and the confidence and the respect shown to the physician by his patients brings about a relationship that is unique. Even priests of the church cannot come so close to the man who is ill or whose family is ill as can the physician, who alone is familiar with the physical and mental requirements of his patients. He

stands for hope and strength and is looked to for guidance and help.

As physicians, then, we have deservedly or undeservedly won the confidence of the common man more than have any other professional workers. The common man believes that we understand his problems and that we earnestly want to help him. We seem to him like a father in the presence of his children. Our counsel is sought for all sorts of perplexing problems in addition to those of illness. Such a relationship brings infinite power and infinite responsibilities.

As physicians we have been educated and trained to prevent disease and epidemics, to cure and comfort the sick, to heal wounds, and to straighten the body. We, therefore, understand the dreadful ravages of war better than any other class of men. As physicians we have a common understanding in our profession throughout the world. We speak the same language.

Physicians' regard for human welfare transcends their nationalistic feeling. In 1882, cholera, always lurking in India, sneaked across Egypt to Alexandria, and all Europe was alarmed.^{3a} From France, Pasteur sent his assistants Roux and Thullier; from Germany went Koch and Gaffsky. The rivalry was keen between the two commissions just as hatred was keen between Germany and France and just as bitterness was present between Pasteur and Koch. Each strove to beat the other in finding the cause of cholera.

Then one day a telegram came to the Germans, "Thullier of the French commission is dead—dead of cholera." Koch and Gaffsky immediately went over to their rivals and Koch was one of those who bore Thullier, the youngest of the investigators, to his last home. As he put wreaths over the wooden coffin, he said, "They are very simple but they are of laurel, such as are given to the brave."

Dr. Paul Hawley wrote me of another instance of this sort only last week. He stated that, when the Germans were driven out of Paris by our Army in World War II, the commanders of German military hospitals were

^{3a.} de Kruif, P.: *Microbe Hunters*, New York, Harcourt, Brace and Company, Inc., 1926.

ordered to sabotage their hospitals so that they would be unusable by the American and British forces. The German medical officers disregarded this order. In only one hospital was there any sabotage. In Hospital Beaujon, a hand grenade had been exploded in the telephone switchboard. All the rest of the hospital was ready for immediate occupancy and use, with x-ray apparatus in perfect working order, instruments in order in their cabinets, etc.

A PROUD RECORD

Our inheritance as physicians is a proud one, and our accomplishments, attained under a free system of individual enterprise, in the fight against disease stand out as the bright hopes of developmental science as opposed to the questionable advantage of other scientific accomplishments, such as the development of increasing speed, increasing explosive force, and increasing toxicity of chemical agents. As an evidence of their high regard for physicians, the general population has voted our profession the only one subject to draft in the armed forces.

The medical profession in countries throughout the world where adequate educational facilities are available has waged war successfully against such epidemic diseases and other human scourges as the plague, smallpox, cholera, rabies, malaria, typhoid, yellow fever, diphtheria, hookworm, pernicious anemia, diabetes, syphilis, tuberculosis, pneumonia, and local and general bacterial infection, to cite only a partial list of achievements. The conquests of surgery over pathological lesions and congenital abnormalities of the abdomen, chest, brain, heart, and great vessels are well known to all of you. Time does not permit the mention of victories over disease in the domestic animal and the plant domains.

There are new frontiers for medicine, particularly for American medicine, because our country has assumed the leadership of all free nations. These are the opportunities for medicine and physicians to become leaders in the field of medical statesmanship. Political statesmanship and armed might alone have not proved equal to the task. The physician, because of his prolonged and con-

tinued life of study, is trained to command. He seeks no political office and, because of that fact, his position for influence is greatly strengthened.

THE PHYSICIAN IN WORLD AFFAIRS

The influence of physicians in public affairs has waned greatly in the past hundred years. There was a time when they were civic leaders as well as professional men. To that position they must return. But they cannot return if they remain within the confines of their medical duties, pursuing blindly and furiously their limited objectives. First of all they must fulfil their primary function of healing the sick, of course, but they must raise their sights. They must use their intellect and their energy ceaselessly to plan and to act in this great struggle to prevent the destruction of civilization as we know it today.

For the physician to remain strong and to increase his influence in medical and world affairs he must remain free and independent. Commenting on the triumphs of the medical profession over disease, Dr. W. Edward Gallie of Montreal stated, "And as I think of this glorious era, I cannot help wondering if it could have happened under state medicine. Would the fires of research have glowed as brilliantly under bureaucrat direction and political control as they have in the immediate past? Could management by the civil service have been as successful in attracting these bright young minds to the study and solution of the problems of health and disease? My experience with politics and the civil service makes me doubt it and makes me think that we should avoid at all cost the introduction of socialistic changes. . . . The spectacle of what is going on in England and New Zealand with their schemes of state medicine, is quite enough to drive bright and clever young men into other fields of endeavour. At any rate there will be no sons of doctors entering medical school if state medicine comes. I would venture to predict that with the advent of socialized medicine, as it is advocated by the socialist and communist parties, this golden age of medical discovery will come to a close and we shall enter a period when progress in the study of health and disease will bog down to the speed of the civil service. The idea that medical research can be

kept alive by government grants is just silly if it turns out, as I think it will, that the bright boys no longer want to be doctors and will no longer enter the schools." ⁴

PRESENT TRENDS TOWARD HELP

There exists a wide and ever-increasing groping toward effective means to promote international understanding. We in America have such a strong belief that our way of life and our system of government offers the best opportunity for a free, happy, and peaceful existence that we are almost childlike in our enthusiasm to convey our concepts to others. Certainly, we have no imperialistic motives. In my early memory, such organizations as foreign missions of our churches, the Rhodes scholarships, and the Rockefeller Foundation were associated with schemes to promote international good will, but only recently have I appreciated the full significance of this principle.

Whatever may be said by the critics of the outpouring of dollars, materiel, and personal effort from many individuals and agencies from the United States to the peoples of the world since World War II, it cannot be denied that all of this represents a spontaneous generosity from millions of Americans heretofore unheard of in the history of the world. Now, however, the time has come, in fact is long overdue, when we should insist that our donations be distributed in a business-like manner, fairly but economically. The supply of the old milch cow is not inexhaustible. Since the end of World War II, our government has spent 40 billion dollars through various kinds of official aid to help other countries. But along with some gratitude, we have won large measures of distrust and ill will. In many parts of the world never has our prestige been lower. This is not a dollar problem. It is a human problem. People in other countries want a helping hand, not a handout; they want dedicated help, not money bag help.

They are not won over by the mere mention of dollars, or by the gesture of throwing largesse to beggars. Our purpose should be to assist less fortunate nations to stand

⁴ Gallie, W. E.: Problems of Practice, Maryland M. J. 1: 315, 1952.

on their own feet. It is not the responsibility of the United States to supply enough chlorophenothane (DDT) powder to eliminate malaria in India, but to instruct the Indians, as is now being done at Delhi, how to make factories to manufacture their own chlorophenothane. "It is just this difference between doing the job for them and helping them do it themselves that will make or break our entire foreign policy. To do the job for other nations is nothing more than a continuation of the hated colonial imperialism. To help other nations become self-sufficient is the true spirit of the commonwealth of free nations, which is our objective."⁵

ADVANTAGES TO OUR OWN NATION

This whole program of help to other nations holds very definite advantages to our own nation. We cannot afford to contemplate visions from an ivory tower. We are working day by day in a tough and practical world. In the first place, the commonwealth of free nations is waging a campaign against a disease that threatens to become pandemic and destroy life as we know it today. I speak not of a biological disease but of the political disease of communism. Communism thrives on ignorance, hunger, and disease.

The life-span in northwestern Europe, North America, Australia, and New Zealand (the so-called developed areas, where one-fifth of the population of the globe lives) is an average life expectancy of 63 years. In another group of "undeveloped areas," including the homes of nearly two-thirds of the world population, the life expectancy is only 30 years. This simple fact emphasizes in dramatic terms the major problems of the human race today. Morbidity takes an even greater toll of our economic resources than does premature mortality. In the case of the mosquito-borne diseases, the malaria control in the Philippines reduced school absenteeism from 50% daily to 3% and industrial absenteeism from 35% to 4%. In Liberia, there is only one physician to every 63,000 inhabitants. In India, mothers who know that 7 out of every 10 babies born to them will die in infancy

⁵ Moore, R. A.: *New Frontiers of American Medicine*, North Carolina M. J. 13: 457, 1952.

or childhood are easily persuaded by the propaganda of the Communists.

One of the most important tasks we have today is to win the people of Southeast Asia into the commonwealth of free nations. Indeed, the peace of the world could well depend on it. Southeast Asia (Indochina, Thailand, Burma, and Malaya) in other hands, as it was in 1942, opens the great plains of India and Pakistan, the islands of Indonesia and the Philippines, and the continent of Australia to conquest. We recently lost the Chinese ballgame 400 million to nothing; we cannot afford to lose these other peoples as well.

It appears that by strange coincidence, our two former principal enemies, recently defeated in World War II, must in the future form our principal outposts of defense against the Communists. If these two nations can be won over to embrace the principles of democratic government, rearming them gives the free nations immeasurable strength; but if, when armed, they return to their totalitarian background, rearming them may prove disastrous. There is no surer way to win them over than to have their physicians brought into our medical orbit.

FELLOWSHIPS AND FUNDS

To promote the advancement of science throughout the world, there are an increasing number of fellowships, funds, and prizes available for graduate study and research in medicine and allied sciences, through associations, foundation funds, institutions, and others. A list of over 200 such donating agencies in Canada and the United States is kept on file by the Association of American Medical Colleges, whose headquarters is in Chicago.

There are the private funds, such as the Rockefeller Foundation and the Ford Foundation, and in recent years very valuable help has been given through two sources. One is the Fulbright Fund, which is derived from the surplus war material in foreign countries belonging to the United States and sold into commercial channels, the proceeds being made available for scholarships to and from these countries. Such scholarships are awarded on a competitive basis. The other source is through the Smith-Mundt Act. This fund provides a sum of money

for leaders from other countries to come to the United States.

The World Health Organization (WHO) is a specialized agency of the United Nations. As such, it inherits the functions of the Office International d'Hygiene Publique, the Health Organization of the League of Nations, and the Health Division of UNRRA. In its seven years of existence WHO has proved that nations can work together on common problems without losing any of their national sovereignty. Its budget for 1954 is \$8,487,700. The United States' share of this budget will be about one-third of the total, or \$2,800,000. Assessments are made against 70 member states and three associate members.

Recently, the Point-4 Program has been transferred from the State Department to Mr. Harold E. Stassen, the Mutual Security Director. Point 4 was so named because it was the fourth point in Mr. Truman's 1948 inaugural address and proposed technical aid to underdeveloped countries. It was administered under an agency organized for this purpose, the TCA (Technical Administration Cooperation). Under Mr. Stassen also falls the agency that was set up to administer the Marshall Aid Plan for Western Europe. It was originally called the ECA (Economic Cooperative Administration) and was subsequently renamed the MSA (Mutual Security Agency). Under a new plan these agencies have been taken over by the new Foreign Operations Administration. There is the United Nations International Children's Emergency Fund (UNICEF), which has been doing work of the greatest importance.

The United States Public Health Service for this past year has participated in health programs of 20 countries of the Near East, Far East, and Southern Europe, as well as in 18 countries of Central and South America.

In this connection, mention should be made of the value of visiting medical teams such as those organized by the Unitarian Service Committee, working in conjunction with our State Department. These teams in Poland, Germany, Japan, South America, and other countries have demonstrated beyond all doubt that

American, British, and Scandanavian medical educational methods and techniques are received with the greatest enthusiasm by these countries. The descriptions of the impression made by the first operation in Berlin for congenital heart defect by Dr. William P. Longmire, and the first pneumonectomy in Bogotá, Colombia, performed by Dr. George Humphreys, are heartening to read.

As one studies this subject, one becomes encouraged by the ever-increasing number of people donating their time and their money to such organizations as Agricultural Missions, American International Association for Economic and Social Development, Band of Christophers, CARE, English Speaking Union, Experiment in International Living, Friendship Stations, Interdependence Council, National Committee for a Free Europe, and World Neighbors, to mention only a few. Some of the individual physicians who have been keenly interested in this problem of the promotion of international understanding through medical exchanges are Dr. M. H. Clifford of Boston; Dr. Edward L. Young of Brookline, Mass.; Dr. Thomas Greenaway of Sydney, Australia; Dr. Frances Scott Smyth of San Francisco; Dr. Robert A. Moore of St. Louis; and Dr. Eldridge Campbell of Albany, N. Y.

Such facilities as have been mentioned offer great opportunities to promote science and world peace. Perhaps the most important part of this work to physicians is the training program for foreign postgraduate students. Indisputable as the advantages of such a program may be and useful as it may be to our hospitals needing house officers, nevertheless, along with many others in this country, I have been disturbed by the procedures and methods used or followed in the training of the young men in medicine from foreign countries. I use the term postgraduate student advisably, because it is through this group that our efforts can be made most effective. It is not my idea to recommend the addition of more foreign physicians and more foreign medical students for practice in our own country. Every medical school here has more applicants from our native population than can

possibly be admitted. Also, once a foreign student is here in medical school for four years and then several years more in training, he is likely to remain in this country and not to return home, where he is really needed.

First of all, in many instances, there has been insufficient screening of these young people in their own country to give assurance that those who come will greatly benefit by the experience or be of real help to the institutions in this country. Too many people with inadequate training have come to the United States, have taken the first job that was offered to them that paid any money, and have been at times exploited by the hospital that took them on. The continuation of practices of this type will injure international relations rather than improve them.

The language barrier is a serious one. It is irritating to the nurses, physicians, and patients in the hospitals involved, and puts the foreign house officers in a bad and unfair light. Too often the reaction is, "He seems to be pretty stupid; he can't even speak English."

A second complaint of hospitals in which the foreign house officer works is that many of these men have had poor or insufficient fundamental training at home. A third objection to this whole plan is that many have come from abroad who have never had any intention or returning to their own country after finishing their training. A fourth disadvantage lies in the unwillingness of some chiefs of service in our hospitals to put out a little extra effort to train these physicians on their staffs. These difficulties are all aggravated when a resident house staff has a number of foreigners to assimilate, each from a different country.

My belief is that the most efficient way to accomplish the desired result is by a plan that would give a continuing year by year liaison for unilateral or bilateral exchange of personnel between one hospital in this country and a sister hospital in a foreign country. There should, of course, be sufficient flexibility in the plan to permit the unusual person an opportunity to visit another institution, if there are sufficient reasons to recommend such a variation.

This arrangement would carry one step further the plan of our State Department for the past two or three years, which has been to try to develop a certain geographical zone of interest by each of our medical schools. For example, Washington University in St. Louis was asked to undertake this reciprocal arrangement with the University of Bangkok in Thailand; Harvard with the University of Calcutta in India; Columbia with the National Taiwan University in Formosa; and Johns Hopkins with the University of the Philippines. There have been similar requests to other universities in this country.

So far as I know, only the arrangement between Washington University and Thailand has been agreed on and given trial. This has met with great success. Dr. R. A. Moore, the dean of the School of Medicine at Washington University, has been a leader in this whole program. His school was the first in this country to establish a cooperative teaching program under the Marshall Aid Plan, and in 1951 received a two-year grant-in-aid from the Economic Cooperation Administration, the administrative unit for the Marshall Plan, for this purpose. The results of this have been highly successful. Groups of outstanding Siamese have come to Washington University for postgraduate work, and during this past year seven faculty members from that school of Medicine have been sent to Bangkok as part of the teaching assistance program. These seven were associate professors in biochemistry, anesthesiology, obstetrics and gynecology, pathology, physiology, and surgery.

The Johns Hopkins Medical School has not yet entered into a formal arrangement with the University of the Philippines. Such a suggestion was made by the United States Department of State two years ago, and Hopkins indicated its willingness to participate, but nothing binding has yet been arranged. Three members of our school of hygiene are leaving this month for a year's residence in the Philippines.

An independent plan of great promise has been started with reference to Japan by Dr. Eldridge Campbell,⁶ professor of surgery at the Albany Medical College. This is

6. Campbell, E. H.: Personal communication to the author.

still in the stage of unilateral exchange, but it is this unilateral approach that is the most important one, and plans should not be held up for establishment of a feasible bilateral exchange.

Eighteen months ago Dr. Campbell visited Japan and Korea as surgical consultant for the Surgeon General of the Army. Before leaving the United States he asked the surgeon of the Far Eastern Command to have a number of well recommended Japanese medical graduates available for interview, saying that he could offer them a limited number of internships and assistant residencies, and that they must pay for their own transportation. To his surprise, 42 Japanese were on hand for the interview from all over Japan. He brought four to his school, four to Chicago, and one to Cincinnati. In Albany the two Japanese assigned to anesthesiology, the one in orthopedics, and the one in neurosurgery have done such good work that there is much enthusiasm for continuing this program with Japan. They have been elevated to the resident status for the coming year. The one assigned to neurosurgery in Cincinnati has turned out to be an unusually good student, a hard worker, and very popular with the staff; he has improved a deficient surgical technique with great rapidity, and has rapidly overcome initial difficulties in language. One of the Japanese in Chicago assigned to orthopedics has done so well that he will stay on as an assistant resident. The three others have done very good work on the pathological service.

The American Army pathologists in Japan have organized a pathological society with the Japanese. This society is concerning itself with opportunities for post-graduate study in the United States to promising young Japanese. The College of American Pathologists in this country will place the men in positions where they will gain the experience that will fit them for their job in Japan when they return home.

Approximately 40 Japanese graduates are now on the intern staff of American hospitals in Japan. Japanese medicine was based on German medicine. Their hospital histories and their scientific papers and most of their

present text books were written in German. The disintegration of German medicine has left a void in Japan that this country could readily fill.

In Germany, the University of California in Los Angeles has recently entered into a reciprocal arrangement in a limited way between its surgical service and that of the Free University of Berlin. Professor Linder of Berlin has been offered an exchange professorship in California. Recently the College of Physicians and Surgeons of Columbia University has been working on an affiliation with the Free University of Berlin at staff levels and at residency training levels. In this past year Dr. and Mrs. Hilton Read, physicians of Atlantic City, N. J., independently arranged for 27 interns to come from Germany to some of the hospitals in New Jersey.

The chair of surgery at the Peter Bent Brigham Hospital in Boston has for a long time invited a distinguished British surgeon as temporary occupant. St. Mary's Hospital (London) is about to begin an exchange of a junior staff member with the Children's Hospital of Boston. Since the end of World War II there has been an active and mutually stimulating exchange of senior staff surgical personnel between Guy's Hospital in London and the Johns Hopkins Hospital in Baltimore.

A training program of continuing reciprocal relationship between individual hospitals in this country and individual hospitals abroad is one that might be followed by other free countries where well-established medical schools have the same thing to offer as we do, such as those in Canada, Western Europe, Australia, New Zealand, South Africa, South America, and elsewhere.

The plan for this country would include the medical school hospitals, the independent hospitals associated with medical schools, the private clinic hospitals, and independent hospitals of other categories. All of these hospitals must meet certain teaching and training standards if first class training is to be offered the candidates selected from foreign countries.

These candidates must be carefully screened by such responsible agents as committees from their medical schools and hospitals. They must come over here with

the understanding that they are to return to their own countries after completion of their training. Here, the coordination might be supervised by such permanent associations as the Association of American Medical Schools or the Institute of International Education.

Language difficulties present a barrier for successful training. The ability not only to read and write English but to understand and speak it are essential for success in this program. The foreign governments concerned, if such a program is approved, should initiate courses of study in English that would prepare the candidates for the assumption of their duties in American hospitals. Even in the various branches of medicine in this country, medicine has become so specialized that it seems that each group "can communicate only with those immured in the same mausoleum." A happy and unusual feature of the plan is that much of it could be carried out without subsidy from the government, but should have the approval of the State Department.

In all this effort, Americans should approach the problem vigorously but with humility, remembering the words of our own Secretary of State, John Foster Dulles: "Among other peoples, the Japanese, the Indians, the Mexicans, to name only a few, there are many who possess a love and appreciation of beauty, a capacity for human understanding and a richness of sympathy which we might well covet for ourselves. If we apply a true measuring rod, we will approach them humbly and not in a mood of lofty superiority."

CONCLUSION

In conclusion, I wish to restate that the physicians, who enjoy the real confidence of their people more than any other profession, who know the true meaning of war better than anyone else, and who have been given superior education, have a great opportunity and a great responsibility for world peace. They must assume leadership, they must not rest, they cannot die until they have by ceaseless application of their trained minds worked out and put into practice plans that will bring to their own children and to the world the one opportunity they may have to escape the disaster that daily appears more

threatening. We must remember: "There are times when the future of this world of ours seems rather grim; and voices of discouragement and despair are heard in many quarters of the globe. Since the days of the cave-man, however, this earth has never been a Garden of Eden, but rather a Valley of Decision, which calls for all the toughness and the resilience which the human race has at its disposal."

8 W. Madison St. (1).

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November 9, 1959

Mr. Philip Potter,
The Sunpapers,
Baltimore-1,
Maryland.

Dear Mr. Potter:

I enjoyed very much your article on the United States exhibit at the Fair in India, which was published in the Baltimore Sun of 8 November, 1959.

There is one area of achievement by the United States which in the past has been overlooked in these exhibits and which might prove of great interest and might also have tremendous psychological value. I am appealing to you to bring it to the attention of the proper authorities.

I am referring to the accomplishment of the medical scientists in the United States in their conquest of poliomyelitis. Heretofore, the dread of this great killer andcrippler of our children and young people in general either hovered over all parents day and night or struck relentlessly with its fearful power year after year.

If the Indian people or the Russian people, or the Chinese people or any other people were polled as to which they considered the greater scientific achievement, the Sputnik and the Lunik on the one hand and the Salk vaccine; or the even more promising and more recent Sabin vaccine, on the other, there is little doubt that the overwhelming vote would be for the accomplishments against polio.

Large charts to show the incidence of the disease before and after vaccination, models of the manufacturing process of the vaccine, photographs of victims of the disease - all could be formed into a powerful exhibit.

I am a surgeon, and in no way connected with this triumph of medical science except as an observer, but I thought the whole idea of sufficient importance to call to your attention.

Sincerely,

I. Ridgeway Trimble, M.D.

IRT/mlh